

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-026803

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 132 Primary Registration District No. Registrar's No. 143

FILED AUG 13 1962

1. PLACE OF DEATH a. COUNTY GRUNDY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY GRUNDY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN TRENTON Twp.		c. CITY OR TOWN SPICKARD	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PLAINVIEW REST HOME		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print) First Middle Last DAVID GEORGE DENNIS		4. DATE OF DEATH AUG 6 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-8-1869
9. AGE (last birthday) 93-6-28		10. IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DRUG STORE		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) MAXVILLE MO		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME WILLIAM DENNIS		13b. MOTHER'S MAIDEN NAME MARY ALLEN	
14. NAME OF HUSBAND OR WIFE LETITIA DENNIS		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	
16. INFORMANT Address LETITIA DENNIS SPICKARD MO		17. ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage about 3 weeks Anterio-sclerosis New yrs Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from June 6 - 1962 to July 8 - 6 - 62 and last saw him alive on July 29 - 1962 Death occurred at 1:20 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) B. H. Claiborne M.D.		22b. ADDRESS Trenton, Mo.	
22c. DATE SIGNED 8-6-1962		23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	
23b. DATE AUG-7-1962		23c. NAME OF CEMETERY OR CREMATORY MASONIC CEMETERY	
23d. LOCATION (City, town, or county) SPICKARD		23e. STATE MO.	
24. FUNERAL DIRECTOR ADDRESS WISE FUNERAL HOME SPICKARD MO		25. DATE RECD. BY LOCAL REG. 8-7-62	
26. REGISTRAR'S SIGNATURE Irene Fair			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBONVS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Cross Wise*

Licensed Embalmer No. *3771*

P. O. Address *Spickard Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.